

STRUCTURE FIRE SAFETY REPORT

This form is intended to communicate safety-related issues regarding an incident involving fire insides or adjacent to a structure of a magnitude requiring a full residential or commercial response. The shaded areas are major categories with subcategories for various safety-related issues. This form is not intended to be used as a strategy or tactics document, although many of the issues covered will impact strategic or tactical decisions.

Incident

- **Number** – the incident number assigned by Central Dispatch.
- **Operational Period (Date/Time)** The date and dispatch time of the incident as logged by emergency communications.

Communications

- **On-scene Time/Tactical Mode.** An indication upon arrival and at 20, 40 and 60 minute intervals whether suppression operations are offensive (off.) or defensive (def).
- **Radio transmissions clearly transmitted and repeated?** This includes all radio communications. If the answer is NO, explain in the Narrative. If radio or equipment problems hinder communications, this issue should be addressed in the Narrative.

Incident Management Facility Locations

- **Command Post** – required for ALL incidents where command is established. Identification means it is identified by radio and has the green command post light activated.
- **Base** – the location for all out of service resources, rehab, and the air unit. Should be utilized any time rehab is established or when members will need more than two SCBA bottles to control the fire. Identification means that base is identified by radio.
- **Staging** – the location for resources available to be deployed within 3 minutes. Should be utilized at the discretion of the IC. Identification means that staging is identified by radio.

All Other Sections

Did any of the items listed present a safety hazard to firefighters? Answer the question stated. If not applicable mark N/A. if the answer to any question is **NO**, explain in the Narrative of the form.

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INCIDENT					
Number:		Address:		Date/Time:	
COMMUNICATIONS					
On-scene time/ Tactical Mode	Initial call Off. _____	20 min. Off. _____	40 min. Off. _____	60 min. Off. _____	
	Def. _____	Def. _____	Def. _____	Def. _____	
Radio transmissions clearly transmitted and repeated? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, explain in Narrative.)					
INCIDENT MANAGEMENT FACILITY LOCATIONS					
Command Post:		Base:		Staging:	
HEALTH HAZARDS (If NO, explain in Narrative)					
Hazard	Mitigation	YES	NO	N/A	
Contaminate Exposure	Proper PPE utilized by all members?				
	Gross decon conducted?				
Respiratory Hazards	SCBA used by all in an IDLH area?				
	All members rehabbed after 2 bottles?				
	SCBA utilized properly on the roof?				
	SCBA used until CO below 35 ppm?				
STRUCTURE-SPECIFIC HAZARDS (If NO, explain in Narrative)					
Hazard	Mitigation	YES	NO	N/A	
Arrangement	Pre-incident survey consulted?				
Ventilation	Effective ventilation conducted?				
Roof Construction	Identified?				
Floor Structure	Identified?				
Levels below grade	Identified?				
Levels above grade	Identified?				
Utilities	Identified?				
Utilities secured	Identified?				

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HUMAN RESOURCE MANAGEMENT CONCERNS (if NO, explain in Narrative)

Hazard	Mitigation	YES	NO	N/A	
Accountability	Accountability system in place?				
	Utilized according to policy?				
	PAR after fire extinguished				
Incident Management	ICS utilized?				
Span of control	Span of control maintained (scale of 1-5)?				
Rapid Intervention	Crew identified?				
Hazard area(s) zone (s)	Identified by flagging tape?				
Team integrity	Maintained in the hazard area?				
Responder fatigue	Rehab initiated?				
Responder EMS needs	ALS unit available				
Unit rotation	Plan developed?				

PHYSICAL HAZARDS (if NO, explain in Narrative)

Hazard	Mitigation	YES	NO	N/A	
Access/Egress	Secondary access identified?				
Atmospheric	Air monitored by truck company?				
Thermal	Hot spots checked with TIC?				
Traffic	Controls in place?				
Hazardous materials	Mitigated by Ops level members?				
Structural Stability	Collapse zone identified?				
	Floor collapse potential identified?				
	Roof collapse potential identified?				
	Wall collapse potential identified?				
Other					

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EMERGENCY ACTIONS REQUIRED

Hazard	Brief Explanation	YES	NO	N/A	
Task terminated?					
Emergency traffic?					
Withdrawal required?					
Abandonment required?					

NARRATIVE

Name of incident commander notified at the scene.

Date

Time

Developed by incident safety officer signature

Date

Time